Farm 990-T	Exempt Organization Business Income Tax Return	OMB No 1545-0047
rain GGG I	(and proxy tax under section 6033(e))	
	For calendar year 2019 or other tax year beginning JUL 1, 2019 , and ending JUN 30, 2020	2019
	Go to www.irs.gov/Form990T for instructions and the latest information.	- 2013
Department of the Treasury Internal Revenue Service	Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).	Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if address changed		D Employer identification number (Employees' trust, see instructions)
B Exempt under section	Print MERCY HOSPITALS EAST COMMUNITIES	43-0653493
x 501(c \ 3_)	of Number, street, and room or suite no. If a P.O. box, see instructions.	E Unrelated business activity code
408(e) 220(e)	Type 615 S. NEW BALLAS ROAD	(See instructions)
408A 530(a)	City or town, state or province, country, and ZIP or foreign postal code	
529(a)		521500
C Book value of all assets	F Group exemption number (See instructions.) ▶ 0928	
at end of year 672,855,	042. G Check organization type X 501(c) corporation 501(c) trust 401(a)	trust Other trust
H Enter the number of the	organization's unrelated trades or businesses. 2 Describe the only (or first) unr	elated
trade or business here	Optical - Retail Services . If only one, complete Parts I-V. I	f more than one,
describe the first in the b	lank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additiona	l trade or
business, then complete	Parts III-V.	
	and accidentation a controlled in an annual process of the first and a second a second and a second a second and a second	K Yes No
	nd identifying number of the parent corporation. ► Merc 43-14 23050	
		4-364-3553
Part I Unrelated	d Trade or Business Income (A) Income (B) Expenses	(C) Net
1a Gross receipts or sale	s	
b Less returns and allow	vances c Balance	
2 Cost of goods sold (S	· '	
3 Gross profit. Subtract		
4a Capital gain net incom	· · · · · · · · · · · · · · · · · · ·	
. , , ,	4797, Part II, line 17) (attach Form 4797)	/
c Capital loss deduction		
	partnership or an S corporation (attach statement)	
6 Rent income (Schedu		
	ed income (Schedule E) 7	-
· · · · · · · · · · · · · · · · · · ·	valties, and rents from a controlled organization (Schedule F) 8	-
_	ra section 501(c)(7), (9), or (17) organization (Schedule G) 9 vity income (Schedule I) 10	
10 Exploited exempt active 11 Advertising income (5)		
	structions; attach schedule)	
13 Total. Combine lines	,	
	ns Not Taken Elsewhere (See instructions for limitations on deductions)	
(Deductions	must be directly connected with the unrelated business income)	
	icers, directors, and trustees. (Schedule K) RECEIVED	14
15 Salaries and wages	, ILOLIVED	15
16 Repairs and mainten	ance S	16
17 Bad debts	dule) (see*instructions) MAY 28 2021	17
	dule) (see instructions)	18
19 Taxes and licenses	CCDENTIT	19
20 Depreciation (attach	GGDEN, UT 20	
21 Less depreciation, ela	armed on Schedule A and elsewhere on return 21a	21b
22 Depletion		22
23 Contributions to defe	erred compensation plans	23
24 Employee benefit pro	ograms	24
25 Excess exempt expe		25
26 Excess readership co		26
27 Other deductions (at		27
28 Total deductions. A	dd lines 14 through 27	28 0.
,	axable income before net operating loss deduction. Subtract line 28 from line 13	29 0.
30 Deduction for net op	erating loss arising in tax years beginning on or after January 1, 2018	
(see instructions)		30 0.
	axable income. Subtract line 30 from line 29	31 0.
	or Paperwork Reduction Act Notice, see instructions.	Form 990-T (2019)

Form 99	D-T (2919) MERCY HOSPITALS EAST COMMUNITIES		43	-065349	3	Pago 2
Part)			
	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)		32		69	366.
•	Amounts paid for disallowed fringes		33		<u>'</u>	
33	Charitable contributions (see instructions for limitation rules) Stmt 2 Stmt 3	C	1 34		6	837.
34	Chartable contributions (see distributions for infinitation rates)	22 22	1			529.
35	Total unrelated business taxable income before pre 2018 NOLs and specific deduction Subtract line 34 from the sum of line	185 32 870 33 4	ク 35			••
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	7	37		62	529.
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	~ '				
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	8	38			000.
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,	11			61	E20
	enter the smaller of zero or line 37	4	39		01,	529.
	√V \Tax Computation	- 1 :	- 		•••	001
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)		► 40 I	 	12,	921.
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from:	_				
	Tax rate schedule or Schedule D (Form 1041)		1 41 1			
42	Proxy tax. See instructions .	. •	► 42			
43	Alternative minimum tax (trusts only)		43			
44	Tax on Noncompliant Facility Income. See instructions	7	44			001
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	\	1 45\1		12,	921.
	√V \ \Tax and Payments		-4			
464	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)		-]			
b	Other credits (see instructions)					
c	General business credit. Attach Form 3800					
	Credit for prior year minimum tax (attach Form 8801 or 8827)					
е	Total credits. Add lines 46a through 46d		46e			
47	Subtract line 46e from line 45		47		12,	921.
48	Other taxes. Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (et	llach schedèle				
49	Total tax. Add lines 47 and 48 (see instructions)	Ч	49		12,	921.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	•	50			0.
51 a	Payments: A 2018 overpayment credited to 2019	26,25	5.			
b	2019 estimated tax payments		_			
c	Tax deposited with Form 8868		_			
d	Foreign organizations Tax paid or withheld at source (see instructions) 516		⊣ ∣			
е	Backup withholding (see instructions) 51e		_			
f	Credit for small employer health insurance premiums (attach Form 8941)		_			
9		,	1 1			
	Form 4136 Other Total ▶ 51g		_			
52	Total payments. Add lines 51a through 51g	•	52		26,	255.
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached		53			
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed		54-			
5,5	Overpayment If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	10	55		13,	334.
56 (Enter the amount of line 55 you want. Credited to 2020 estimated tax 13,334. Refu		56			0.
Pari		ions)				
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority				Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file					
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country					
	here >					x
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	trust?				X
	If "Yes," see instructions for other forms the organization may have to file.					<u> </u>
59	Enter the amount of tax-exempt interest received or accrued during the tax year \$					
	Linder condition of negligy 1 declare that I have examined this roturn including accompanying schedules and statements, and to the b	est of my know	wlodge and b	oliof, it to tru	0,	·
Sign	correct, and complete Declaration of properer (other than texpeyor) is besed on all information of which properer has any knowledge	Г				
Here	Jenuse x off 5-13-21 VP Finance		May the IRS			vilh
	Signature of officer Date Title		instructions		es 🗀] No
	Print/Type preparer's name Preparer's signature Date C	Check	if PTII			
_		elf- employe	' I '	-		
Paid	Douglas C. Plaus CPA Douglas C. Plaus CPA 05/13/21	on omploye	,	0013488	3	
	parer	Firm's EIN		26-4532		
Use	Only 1034 South Brentwood Blvd. Ste 2000	1 11 11 3 LIS				
	4	Phone no.	(314)	384-400	0	
923711	01-27-20		·	Form 9		(2019)

Form 990		MERCY HOSPITALS EAST COMMUNITIES	4	3-065349	3 /	Page 2
Part		Total Unrelated Business Taxable Income				
32	Total of	unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32		69,	366.
33	Amount	s paid for disallowed fringes	33			
34	Charital	ole contributions (see instructions for limitation rules) Stmt 2 Stmt 3	34		6,	837.
		related business texable income before pre-2018 NOLs and specific deduction Subtract line 34 from the sum of lines 32 and 33	35/		62,	529.
		on for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	/36			
		unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37		62.	529.
		deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38			000.
	•	ed business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,	100			
35		e smaller of zero or line 37	39		61	529.
Part		Tax Computation	1 33			
		· · · · · · · · · · · · · · · · · · ·	40	I	12	921.
	•	ations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40	-		
41		Faxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from.				
		ex rate schedule or Schedule D (Form 1041)	41			
	•	ax. See instructions	42			
		ive minimum tax (trusts only)	43			
		Noncompliant Facility Income. See instructions	44			
		dd lines 42, 43, and 44 to line 40 or 41, whichever applies	45		12,	921.
Part	V]	Tax and Payments				
	-	tax credit (corporations attach Form 1118; trusts attach Form 1116)	4			
b	Other c	redits (see instructions)	_			
C	General	business credit. Attach Form 3800	-			
d	Credit f	or prior year minimum tax (attach Form 8801 or 8827)				
е	Total cr	edits. Add lines 46a through 46d	46e			
47	Subtrac	t line 46e from line 45	47		12,	921.
48	Other ta	xes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	48			
49	Total ta	x. Add lines 47 and 48 (see instructions)	49		12,	921.
50	2019 ne	et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50			0.
51 a	Paymer	its: A 2018 overpayment credited to 2019 51a 26, 255.				
ь	2019 es	timated tax payments 51b	1			
c	Tax dep	osited with Form 8868	1	Ì		
		organizations; Tax paid or withheld at source (see instructions) 51d	1	•		
	•	withholding (see instructions) 51e	1			
		or small employer health insurance premiums (attach Form 8941) 51f	1	}		
		redits, adjustments, and payments: Form 2439	1	ŀ		
y		orm 4136 Total 51g		•		
52		syments. Add lines 51a through 51g	52	İ	26	255.
	-	ed tax penalty (see instructions).,Check if Form 2220 is attached	53			<u> </u>
		et day penalty (see mad details), which is the form 2220 is additionally seemed to the seemed by the first seemed to the seemed		<u> </u>		
		yment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	54		13	334.
			55	-		0.
56 Part	VI C	e amount of line 55 you want: Credited to 2020 estimated tax	56		—	
	•	ime during the 2019 calendar year, did the organization have an interest in or a signature or other authority			Yes	No
		inancial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file				1
		Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country				
	here)			\vdash	Х
		the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?			 	Х.
	•	see instructions for other forms the organization may have to file.				
59		e amount of tax-exempt interest received or accrued during the tax year 🕨 💲			\Box	
	Ur	ider gibnalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowle rregt, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	dge and I	belief, it is true	1,	
Sign	"		lay the IR	S discuss this	return w	ath
Here		VP Finance	-	er shown below		
		Signature of officer Date Title	struction	s)? X Ye	es 📗	No
		Print/Type preparer's name Preparer's signature Date Check	ıf PTI	IN		
Paid	/	self- employed				
	arer	Douglas G. Pleus, CPA Douglas G. Pleus, CPA 05/13/21	P	00013488		
	Only	Firm's name ▶ Purk & Associates, P.C. Firm's EIN ▶		26-45328	349	
#38	Unity	1034 South Brentwood Blvd. Ste 2000				
/		Firm's address Saint Louis, MO 63117 Phone no. (314)	884-400)	
923711 (01-27-20	· · · · · · · · · · · · · · · · · · ·		Form 9		(2019)

Form 990-1 (2019) MERCY HOSPITAL	LS EAST COM	43-065349	Page :						
Schedule A - Cost of Goods	s Sold. Enter	method of inver	ntory valuation N/A						
1 Inventory at beginning of year	1		6 Inventory at end of year	ar		6			
2 Purchases	2		7 Cost of goods sold. S		ine 6				
3 Cost of labor	3		from line 5. Enter here						
4a Additional section 263A costs			line 2		, -	7			
(attach schedule)	48		8 Do the rules of section	263A (v	with respect to	Yes No			
b Other costs (attach schedule)	4b	 -	property produced or a	•	•				
5 Total. Add lines 1 through 4b	5		the organization?		то тосто другу то				
Schedule C - Rent Income		Property and		.ease	d With Real Prope	rtv)			
(see instructions)	•				<u>-</u>				
1. Description of property									
(1)									
(2)									
(3)									
(4)									
	2. Rent receiv	ed or accrued							
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	centage of than	of rent for p	and personal property (if the percenta personal property exceeds 50% or if nt is based on profit or income)	ge	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)				
(1)			·						
(2)									
(3)									
(4)									
Total	0.	Total		0.					
(c) Total income. Add totals of columns	2(a) and 2(b). En	ter			(b) Total deductions.				
here and on page 1, Part I, line 6, columi		>		0.	Enter here and on page 1, Part I, line 6, column (B)	0.			
Schedule E - Unrelated Det	t-Financed	Income (see	instructions)						
			2 0		3. Deductions directly conne to debt-financed				
1. Description of debt-fir			2. Gross income from or allocable to debt-	(a)	Straight line depreciation	(b) Other deductions			
Description of debt-fit	tanceo property		financed property	''	(attach schedule)	(attach schedule)			
(1)			ļ						
(2)				ļ					
(3)									
(4)	· · · · · · · · · · · · · · · · · · ·								
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or a debt-fina	adjusted basis allocable to nced property h schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))			
(1)			%						
(2)			%						
(3)			%						
(4)			%						
					nter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)			
Totals			•		0.	0.			
Total dividends-received deductions in	ncluded in columi	n 8	•		•	0.			
						Form 990-T (2019)			
						,			

Form 990-T (2019) MERCY HOS Schedule F - Interest,	PITALS	EAST COM	MUNITIES	l Donto	F Co	-tualla	d Organia		43-065		Page 4
Schedule F - Interest, /	Annuitie	s, Royan	ties, and				-	itions	(see ins	struction	s)
1. Name of controlled organizat	ilon	2. Em Identifi num	cation	3. Net unr	Controlled O	4. Tot	tal of specified 5. Part include		. Part of column 4 that is actuded in the controlling ganization's gross income		Deductions directly connected with income in column 5
(1)		<u> </u>									
(2)											
(3)			-								
(4)			i								
Nonexempt Controlled Organi			1								
7. Taxeble Income		inrelated incom see instructions		9. Total	of specified pays made	nents	10. Part of colu in the controll gross		ization's		ductions directly connected income in column 10
(1)	-							-			
(2)											
(3)											
(4)]								
							Add colun Enter here and line 8, c		1, Pert I,	Enter h	d columns 6 and 11 are and on page 1, Part I, line 8, column (B)
Totals						▶			0.		0.
Schedule G - Investme	nt Incor	ne of a S	Section (501(c)(7	'), (9), or (17) Org	janization			,	
1. Desc	ription of inco	тө			2. Amount of	income	3. Deductio directly conne (attach sched	cted	4. Set- (ettach s	esides schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)											
(2)		•									
(3)											
(4)			•								
					Enter here and Part I, line 9, co						Enter here and on page 1, Part I, line 9, column (B)
Totals				<u> </u>		0.					0.
Schedule I - Exploited (see instru		Activity	Income	, Other	Than Adv	ertisin	g Income				
1. Description of exploited activity	unrelated incom	Gross business le from business	3. Exp directly co with pro- of unre business	onnected duction elated	4. Net incon from unrelated business (co minus colum gain, comput through	trade or olumn 2 n 3) If a e cols 5	5. Gross inco from activity to is not unrelate business inco	hat ed	6. Exp attribut colui	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)	<u> </u>	-									
(2)											
(3)											
(4)											
7.1.1. N	page 1	re and on , Part I, col (A)	Enter here page 1, line 10, c	Part I,							Enter here and on page 1, Part II, line 25
Totals ► Schedule J - Advertisi	na Incor		netriction								0.
Part I Income From					solidated	Basis					
1. Name of periodical		2. Gross advertising income		Direct rtising costs	or (loss) (c col 3) If a g	tising gain of 2 minus ain, comput hrough 7	5. Circula e income		6. Read		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)			1								l
(2)											
(3)											
(4)											
Totals (carry to Part II, line (5))			0.		,. <u> </u>						0.

Form 990-T (2019)

	n 990-T (2019) MERCY HOSPITALS EAST COMMUNITIES									
Part II Income From Perio columns 2 through 7 on a			a Separ	ate Basis	(For ea	ch pend	odical lister	in Pa	rt II, fill in	
1. Name of periodical	2. Gross advertising income	dvertising edvertisi				5. Circulation income		6. Readership costs		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)			_	İ						
(2)										
(3)										
(4)										
Totals from Part I	0.		0.					}	*	0.
	Enter here and on page 1, Part I, line 11, col (A)	page	are and on 1, Part I, , coi (B)			``	٠ .		•	Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5)	0.		0.	2,					-	0.
Schedule K - Compensation	n of Officers, I	Directo	ors, and	Trustees	(see ır	structio	ons)			
1. Name				2. Title			3. Percei time devot busines	ed to		ensation attributable related business
(1)								%		
(2)								%		
(3)								%		
(4)								%	<u> </u>	

0.

Total. Enter here and on page 1, Part II, line 14

MERCY HOSPITALS EAST COMMUNITIES

Form 990-T	Parent	Corporation's	Name	and	Identifying	Number	Statement 1
Corporation's	Name						Identifying No
Mercy Health	— -						43-1423050

Form 990-T	Contributions	Statement 2
Description/Kind of Property	Method Used to Determine FMV	Amount
Various - limited EMPLOYER LEAVE DONATION UNDER	N/A N/A	14,232.
NOTICE 2020-46	A/A	118,962.
ARCHDIOCESE OF ST LOUIS RONALD MCDONALD HOUSE	N/A N/A	26,459.
CHARITIES	•	20,000.
Total to Form 990-T, Page 2, 1	ine 34	179,653.

MERCY HOSPITALS EAST COMMUNITIES

Form 990-T Co	ntributions Summary		Statement 3
Qualified Contributions Subj			
Qualified Contributions Subj	ect to 25% Limit		
Carryover of Prior Years Unu	sed Contributions		
For Tax Year 2014	152,043		
For Tax Year 2015	152,953		
For Tax Year 2016	3,519		
For Tax Year 2017			
For Tax Year 2018	112,264		
Motal Carryovar		420,779	
Total Current Year 10% Contr	ibutions	179,653	
Total Current rear 10% Contr		179,033	
Total Contributions Availabl	e	600,432	
Taxable Income Limitation as		6,837	
Excess Contributions		593,595	
Excess 100% Contributions		0	
Total Excess Contributions		593,595	
Allowable Contributions Dedu	ction		6,837
Total Contribution Deduction		_	6,837

	HEDULE M Unrelated Bus		ble Income fi or Business	rom an	OMB No 1545-0047
				. 30 2020	2019
D	For calendar year 2019 or other tax year beginning the Treasury So to www.irs.gov/Fo				
	ment of the Treasury Revenue Service Do not enter SSN numbers on the				Open to Public Inspection for 501(c)(3) Organizations Only
Name	of the organization	<u> </u>	<u> </u>	Employer identificat	on number
	MERCY HOSPITALS EAST COMMU	NITIES		43-0653493	
	Inrelated Business Activity Code (see instructions)	621500	<u></u>		
	Describe the unrelated trade or business Dutsi	de Lab services		<u> </u>	
Pai	TI Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
	Gross receipts or sales 16,652.				
		Balance 1c	16,652.		! •
2	Cost of goods sold (Schedule A, line 7)	2			
3	Gross profit Subtract line 2 from line 1c	3	16,652.		16,652.
4 a	Capital gain net income (attach Schedule D)	4a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form	4797) 4b			
C	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (at	tach	,		
	statement)	. 5			
6	Rent income (Schedule C)	6			
7	Unrelated debt-financed income (Schedule E)	. 7			
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Schedule F)	8			
9	Investment income of a section 501(c)(7), (9), or (17)				
	organization (Schedule G)	9			
10	Exploited exempt activity income (Schedule I)	10	-	=	-
11	Advertising income (Schedule J)	11 12			
12 13	Other income (See instructions, attach schedule) Total. Combine lines 3 through 12	13	16,652.		16,652,
	10.0				
Pai	directly connected with the unrelated bu		r limitations on ded	uctions.) (Deduction	ons must be
14	Compensation of officers, directors, and trustees (Sche	dule K)		. 14	
15	Salaries and wages .			15	
16	Repairs and maintenance			16	
17	Bad debts			17	
18	Interest (attach schedule) (see instructions)			18	
19	Taxes and licenses Depreciation (attach Form 4562)		20	19	
20	Less depreciation claimed on Schedule A and elsewher	o on rotum	21a	21b	
21 22	Depletion	e on return	[218]	22	
23	Contributions to deferred compensation plans			23	
23 24	Employee benefit programs		•	24	
2 4 25	Excess exempt expenses (Schedule I)			25	1
26	Excess readership costs (Schedule J)			26	1
27	Other deductions (attach schedule)		See Statement	• —	14,230.
28	Total deductions. Add lines 14 through 27			28	14,230.
29	Unrelated business taxable income before net operating	g loss deduction. Su	btract line 28 from line 1		2,422.
30	Deduction for net operating loss arising in tax years beg	=			

instructions)

31

Schedule M (Form 990-T) 2019

2,422.

31 Unrelated business taxable income Subtract line 30 from line 29

LHA For Paperwork Reduction Act Notice, see instructions.

MERCY HOSPITALS EAST COMMUNITIES

Form 990-T (M) Other Deductions		Statement 4
Description		Amount
Contract Lab Costs		14,230.
Total to Schedule M, Part II,	line 27	14,230.

						Entity		1
Form 990-T (2019)							F	Page 3
	ITALS EAST COM				43-065349	93		
Schedule A - Cost of Go	ods Sold. Enter	method of invei	ntory valuation N/A					
1 Inventory at beginning of year	1		6 Inventory at end of yea	ır	L	6		
2 Purchases	2		7 Cost of goods sold. St	ıbtract l	ine 6			
3 Cost of labor	3		from line 5. Enter here	and in f	Part I,			
4a Additional section 263A costs	li		line 2		L	7		
(attach schedule)	4a		8 Do the rules of section	263A (1	with respect to		Yes	No
b Other costs (attach schedule)	4b		property produced or a	cquired	l for resale) apply to			
5 Total. Add lines 1 through 4b	5		the organization?				لــــــــــــــــــــــــــــــــــــــ	х
Schedule C - Rent Incom	ne (From Real	Property and	d Personal Property L	ease	d With Real Prope	erty)		
(see instructions)								
1. Description of property								
(1)							,	
(2)								
(3)								
(4)					1			
		ed or accrued			3(a) Deductions directly o	onnected with the	income in	ı
(a) From personal property (if the rent for personal property is 10% but not more than	and personal property (if the percentar personal property exceeds 50% or if ent is based on profit or income)	age 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)						
(1)								
(2)		ļ						
(3)								
(4)								
Total	0.	Total		0.				
(c) Total income. Add totals of colur		ter		_	(b) Total deductions. Enter here and on page 1.			_
here and on page 1, Part I, line 6, col Schedule E - Unrelated D		Incomo /		0.	Part I, line 6, column (B)	<u> </u>		<u> </u>
Schedule E - Officialed L	Jebt-Financeu	ilicome (see	e instructions)	1	3. Deductions directly conne	seted with or alloc	ablo	
			2. Grass income from		to debt-finance		3019	
1. Description of de	bt-financed property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)		9
					(attach schools)	,utaun	Joniodailo,	
(1)								
(2)				!		 		
(3)								
(4)				•		 		—
4 Amount of average acquisition	5 Average	adjusted basis	6 Column 4 divided		7. Gross income	R Allocat	ole deductio	
debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	allocable to nced property h schedule)	by column 5		reportable (column 2 x column 6)	(column 6 x		
(1)			%					
(2)			%					
(3)			%					
(4)			%					
					nter here and on page 1, Part I, line 7, column (A)	Enter here a		
Totals			•		0.			0.
Total dividends-received deduction	ns included in columi	1 8	•	· · · · · · · · · · · · · · · · · · ·	<u> </u>			0.
						For	m 990-T ((2019)

SCHE	DU	LE	M
(Form	99	0-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

For calendar year 2019 or other tax year beginning $\,$ $\,$ JUL 1, 2019 $\,$, and ending JUN 30, 2020

► Go to www.irs.gov/Form990T for instructions and the latest information.

Entity 2 OMB No 1545-0047

Internal Revenue Service Name of the organization Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). **Employer identification number**

MERCY HOSPITALS EAST COMMUNITIES

II. II. ID. Starra Ant. St. On de Com Santo Assess N

501(c)(3) Organizations Only

43-0653493

Part I Unrelated Trade or Business Income			(A) Income	(B) Expenses	(C) Net	(C) Net	
1 a	Gross receipts or sales 785,507.						
ь	Less returns and allowances c Balance ▶	1c	785,507.				
2	Cost of goods sold (Schedule A, line 7)	2					
3	Gross profit Subtract line 2 from line 1c	3	785,507.		78	5,507.	
4 a	Capital gain net income (attach Schedule D)	4a					
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b	·				
c	Capital loss deduction for trusts	4c					
5	Income (loss) from a partnership or an S corporation (attach						
	statement)	5					
6	Rent income (Schedule C)	6					
7	Unrelated debt-financed income (Schedule E)	7				·	
8	Interest, annuities, royalties, and rents from a controlled						
	organization (Schedule F)	8					
9	Investment income of a section 501(c)(7), (9), or (17)						
	organization (Schedule G)	9					
10	Exploited exempt activity income (Schedule I)	10					
11	Advertising income (Schedule J)	11					
12	Other income (See instructions, attach schedule)	12					
<u>13</u>	Total. Combine lines 3 through 12	13	785,507.		78	5,507.	
	Deductions Not Taken Elsewhere (See instruct directly connected with the unrelated business in			301101101) (5000			
14	Compensation of officers, directors, and trustees (Schedule K)			1	14		
14 15	Compensation of officers, directors, and trustees (Schedule K) Salaries and wages				14		
14 15 16	Salaries and wages				1		
15	•				15		
15 16	Salaries and wages Repairs and maintenance Bad debts				15 16		
15 16 17	Salaries and wages Repairs and maintenance			1	15 16 17		
15 16 17 18	Salaries and wages Repairs and maintenance Bad debts Interest (attach schedule) (see instructions) Taxes and licenses		20	1	15 16 17 18		
15 16 17 18 19 20	Salaries and wages Repairs and maintenance Bad debts Interest (attach schedule) (see instructions) Taxes and licenses Depreciation (attach Form 4562)		20 21a	1	15 16 17 18		
15 16 17 18 19	Salaries and wages Repairs and maintenance Bad debts Interest (attach schedule) (see instructions) Taxes and licenses			1	15 16 17 18 19		
15 16 17 18 19 20 21	Salaries and wages Repairs and maintenance Bad debts Interest (attach schedule) (see instructions) Taxes and licenses Depreciation (attach Form 4562) Less depreciation claimed on Schedule A and elsewhere on return			2	15 16 17 18 19		
15 16 17 18 19 20 21 22	Salaries and wages Repairs and maintenance Bad debts Interest (attach schedule) (see instructions) Taxes and licenses Depreciation (attach Form 4562) Less depreciation claimed on Schedule A and elsewhere on return Depletion Contributions to deferred compensation plans	••		2	15 16 17 18 19 21b		
15 16 17 18 19 20 21 22 23	Salaries and wages Repairs and maintenance Bad debts Interest (attach schedule) (see instructions) Taxes and licenses Depreciation (attach Form 4562) Less depreciation claimed on Schedule A and elsewhere on return Depletion	••		2 2 2 2	15 16 17 18 19 21b 22 23		
15 16 17 18 19 20 21 22 23 24	Salaries and wages Repairs and maintenance Bad debts Interest (attach schedule) (see instructions) Taxes and licenses Depreciation (attach Form 4562) Less depreciation claimed on Schedule A and elsewhere on return Depletion Contributions to deferred compensation plans Employee benefit programs	••		22 23 24 24 24 24 24 24 24 24 24 24 24 24 24	15 16 17 18 19 21 21 22 23		

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income Subtract line 30 from line 29

Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see

Other deductions (attach schedule)

Total deductions. Add lines 14 through 27

Schedule M (Form 990-T) 2019

718,563.

66,944.

66,944.

27

28

29

31

instructions)

28

29 30

Form 990-T (M)	Other Deductions	Statement 5
Description		Amount
Optical - retail costs		718,563.
Total to Schedule M, Part	II, line 27	718,563.

								Entity		2
Forn	n 990-T (2019)								1	Page 3
	MERCY HOSPITAL						43-06534	93		
Sc	hedule A - Cost of Goods	Sold. Enter	method of inver	ntory v	valuation N/A					
1	Inventory at beginning of year	1		6	Inventory at end of year	ar	_	6		
2	Purchases	2		7 Cost of goods sold. Subtra			line 6			
3	Cost of labor	3	<u>.</u>	╛	from line 5. Enter here and in Part I,					
4 a	Additional section 263A costs				line 2		L	7		
	(attach schedule)	48		_ 8	Do the rules of section	n 263A (with respect to		Yes	No
_	Other costs (attach schedule)	4b		4	property produced or acquired for resale) apply to					
	Total. Add lines 1 through 4b	5			the organization?		1977		.	Х
	hedule C - Rent Income (From Real	Property and	ı Per	sonai Property i	Lease	a with Real Prope	erty)		
<u>(S</u>	ee instructions)					-				
1. 0	escription of property									
(1)										
(2)										
(3)										
(4)							•			
_			ed or accrued				3(a) Deductions directly of	connected with the	e income in	1
	rent for personal property is more than of rent for per			persona	nd personal property (if the percentage ersonal property exceeds 50% or if the based on profit or income)			d 2(b) (attach sche	dule)	
(1)										
(2)										
(3)										
(4)		_								
Tote	· · · · · · · · · · · · · · · · · · ·	0.	Total			0.				
	otal income. Add totals of columns		ter				(b) Total deductions.			
	and on page 1, Part I, line 6, column		<u> </u>			0.	Part I, tine 6, column (B)	<u> </u>		<u> </u>
Sc	nedule E - Unrelated Deb	t-Financed	income (see	ınstr	ictions)	·				
				1 :	2. Gross income from		 Deductions directly connected with or allocable to debt-financed property 			
	1. Description of debt-fin	anced property		or allocable to debt- financed property		(a)	Straight line depreciation	(b) Other deductions		
,						(attach schedule)	(attach	(attach schedule)		
-/41				 	 	1				
(1)				+		1		 		
(2)			- · · · · · · · · · · · · · · · · · · ·	+		1				
(3)				+		1		 		
(4)		F. A		+,		1	7 0 :	A 411		
	Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to nced property h schedule)	'	6. Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)	(column 6 x	ble deducti total of col and 3(b))	
(1)	_			1	%	1				
(2)					%					
(3)					%					
(4)					%					
							inter here and on page 1, Part I, line 7, column (A)	Enter here a		
Tot	als				•		0.	.]		0.
	al dividends-received deductions in	ıcluded ın columi	n 8		·					0.
							··	For	m 990-T	(2019)